# INSTRUCTIONS FOR
# COMBINED ENROLLMENT FORM AND SOCIAL HISTORY INTERVIEW

The **COMBINED ENROLLMENT FORM** is the product of the Missouri partnership between the Department of Elementary and Secondary Education (DESE) on behalf of the state's First Steps early intervention system, and the Department of Health and Senior Services (DHSS) on behalf of the Bureau of Special Health Care Needs (BSHCN), the Department of Mental Health (DMH), Division of Mental Retardation and Developmental Disabilities (MRDD) and the Department of Social Services (DSS), Missouri MC+ Program. It is used to submit all participant related information to the Central Finance Office (CFO), DHSS/BSHCN, DMH/MRDD and DSS/MC+ computer systems. The Combined Enrollment Form is three pages in length and is shared with affiliate agencies when conducting a referral, based upon family interest and consent. It is accompanied by the Social History Interview, which focuses on a variety of questions pertinent to the potential eligibility of the young child, unique family needs, and resources, supports and services currently in place for the child and family from the First Steps perspective.

The Combined Enrollment Form contains three pages of demographic, income and insurance information and is supplemented by the eight page Social History Interview. Either or both of these forms may be shared, with informed parent consent, with other participating agencies and providers as appropriate. The purpose of these documents is to reduce the need for the family to retell their story by collectively gathering, organizing and distributing key information to the variety of individuals who require this information through a signed **Release of Information** form. The family receives a copy of this document once completed and is assisted by their Service Coordinator to make revisions and updates to the information as needed.

The combined form was jointly developed by DESE, DHSS/BSHCN, DMH/MRDD and DSS/MC+ to be used by all four (4) programs. This combined enrollment form is an effort to help coordinate program activities and to avoid duplication of data collection in those areas where one or more of these programs operate. The family must consent to distribution of this information. There will likely be additional information required by the receiving agency, but this will not duplicate the information contained in either of these forms.

**GENERAL INPUT CONSIDERATIONS**

The multi-part form is divided into 13 major sections, many of which contain sub-sections. With a few exceptions, all sections appropriate to a specific category/status of a participant are critical sections and require an entry. Consequently, reasonable care must be taken in the storage and handling of these forms. If there is no response for an individual item, please write in N/A for not applicable; do not leave blank spaces.

The following general rules of input should be observed when completing the **combined enrollment form and social history interview**:
- The form must be completed using a medium ballpoint pen (not felt tip) in either **black or blue ink** to ensure clear reproduction as needed.
- All entries should be clearly printed within the appropriate sections.

**DETAILED SECTION DESCRIPTIONS**

The following is a detailed section-by-section description of the **Combined Enrollment Form**. The form is used for First Steps enrollment, and will facilitate easy referral for BSHCN, MRDD and MC+ programs. Information collected on the enrollment form must be REVIEWED and updated as needed on at least ANNUALLY. This does not include the social history. Due to the different needs and requirements of each program, some of the data sections are to be completed only by a specific program and are not necessarily to be completed by all four state agencies.

## PART I ENROLLMENT APPLICATION
### FIRST STEPS SECTION

**SPOE Number:**    Enter SPOE identification number.

**I.D. Number:**    Enter the participant's identification number assigned by the CFO.

**New Referral:**    This box is to be checked when adding a new participant who has <u>never</u> been enrolled in the First Steps program.

**Re-referral:**    Check this box if the family had begun the referral process at an earlier date and re-entered the First Steps eligibility determination process at this point. This box will not be used for participants that have been closed, or previously ineligible.

**Annual Update:**    Check this box if the family has completed the annual IFSP review concurrent with the annual evaluation of the IFSP.

**Other:**    Check if the family has come to the SPOE for completion of the application for other reasons than First Steps enrollment. Indicate reason.

### DHSS/BSHCN SECTION
**Leave blank for agency to complete. Send to local office for processing. Locations for local offices can be found at** www.dhss.state.mo.us/SHCN/mainmap.htm.

### DMH/DMRDD SECTION
**Leave blank for agency to complete. Send to local office for processing. Locations for local offices can be found at** www.modmh.state.mo.us/maps/mrddmap.htm

### DSS/MC+ SECTION
**Medicaid application can be downloaded from** www.dss.state.mo.us/mcplus/address.htm**. All information needed for this application can be found in the combined enrollment. Submit only the application located at the above website. MC + for children applications can be submitted to local offices. Locations for local offices can be found at** www.dss.state.mo.us/mcplus/address.htm**.**

## Section A.  CHILD INFORMATION

Last Name/First Name/MI:  Write the last name, first name and middle initial in the space provided under the identified field.  This should be the participant's legal name and not a nickname.  Only enter one child's name in this section.

Date of Birth:  Use numerical entries 00/00/00 (mo/day/year)

Also Known As (AKA):  Complete if applicant is known by another name.

Street Address:  This is the participant's street address, inclusive of apartment number, rural route, box number etc.  Commonly known abbreviations are acceptable.

NOTE:  For a homeless person with no address, either the word NONE or the SPOE address may be entered.  If possible, obtain an address where the homeless person may receive mail for notification of approval or denial, etc.

City/Town/State:  This is the name of the city or town where the participant resides and the state.

Zip Code:  The participant's postal zip code appropriate for his/her address.

Telephone Number:  This telephone number identifies the location where the participant's parent or legal guardian may be reached.  A/C means Area Code.

Mother's Maiden Name:  This is helpful for participant identification purposes in reducing potential duplication of records.

Child's Native Language:  This identifies the child's main means of communication or mode of communication including English, other languages (be specific) including American Sign Language, or augmentative communication devices.

Child's Resident School District:  Record the district in which the child resides.

## Section B.  PARENT/LEGAL GUARDIAN

Last Name/First Name/MI:  The parent or legal guardian's name should be entered here.  When enrolling in the First Steps Program, a child may have an Educational Surrogate in lieu of a parent or legal guardian for the purpose of seeking early intervention services.  In such circumstances, the Educational Surrogate's name should be used.

Address if Different from Applicants Address:
Include the address of the person identified in Section B if the address is different from the child.

City/Town/State: This is the name of the city or town where the participant resides and the state.

Zip Code: The participant's postal zip code appropriate for his/her address.

Telephone Number: This telephone number identifies the various locations where the participant's parent or legal guardian may be reached.

Native Language at Home: This identifies the language or mode of communication normally used by the parent.

Interpreter: Does the family need an interpreter for any meetings concerning the provisions of Part C services. Answer yes or no.

Record the name of the Intake Coordinator who conducts the initial interview, or the Service Coordinator who reviews this information on an ongoing, routine basis with the family (minimally prior to the annual evaluation of the IFSP). The business mailing address and primary telephone should be inserted in the space provided.

The Combined Enrollment Form may be conducted with families on an inter-periodic basis if their needs or eligibilities change, such as in the case of unemployment.

**Section C. List all persons (including the child) who live in your household and provide the requested information for each individual.**
**Household** means all the persons who occupy a housing unit (house or apartment), whether they are or are not related to one another, and who are living together as an economic unit.

Name: Enter the names of all individuals living within the "household" (as defined above). Start with the name of the child for whom First Steps referral has been made.

Relationship: Relationship to the participant identified in Section A. Record either the title acronym for the relationship or enter the codes listed below. Record "self" for the child for whom this referral has been made.

| | | |
|---|---|---|
| 1. Mother | 8. Stepmother | 15. Uncle |
| 2. Father | 9. Stepsister | 16. Aunt |
| 3. Brother | 10. Stepbrother | 17. Other |
| 4. Sister | 11. Foster Father | 18. Guardian |
| 5. Half-Brother | 12. Foster Mother | 19. Educational |
| 6. Half-Sister | 13. Grandfather | Surrogate |
| 7. Stepfather | 14. Grandmother | 20. DFS Case Worker |

DOB:    Enter the date of birth using numerical entries 00/00/00 (mo/day/year)

Marital Status:        List as appropriate.
                       Codes are:    M = Married
                                     S = Single
                                     D = Divorced

Gender:                Enter M (male), F (female) or A (ambiguous)

Race/Ethnicity Information:  Two codes should be recorded in this section, separated by a "/".

Race:          Use one of the numerical codes listed below to identify race as per the participants stated preference or, if none is stated,
               based on the visual observation of the SPOE staff.  Follow the code with a slash (/) to separate the ethnicity code.

   1.   White (not Hispanic)
   **2.**  Black, African American (not
         Hispanic)
   **3.**  American Indian or Alaska Native
   **4.**  Asian/Pacific Islander
   **5.**  Hispanic / Latino

Ethnicity Information should be recorded as follows:
   1)   No, not Spanish/Hispanic/Latino
   2)   Yes, Mexican, Mexican American, Chicano
   3)   Yes, Puerto Rican
   4)   Yes, Cuban
   5)   Yes: Other Spanish/Hispanic/Latino

Nationality Information should be recorded as follows:
               1.   Asian Indian
               2.   Filipino
               3.   Other Asian:  Print Race as reported by family precisely in the comment section provided on this page
               4.   Japanese
               5.   Korean
               6.   Vietnamese
               7.   Native Hawaiian
               8.   Guamanian or Chamorro
               9.   Samoan
               10.  Other Pacific Islander: Print Nationality as reported by family precisely in the comment section provided on this page
               11.  Some other nationality: Print nationalities precisely as reported by the family in the comment section provided on this page.

INSTRUCTIONS:  Combined Enrollment Application and Social History Interview

**Migrant/Homeless:** Indicates the status of the participant as a migrant farm worker or a homeless person. If the person is both migrant and homeless, code as a migrant. (Only Missouri residents may make application to the DOH/BSHCNS.)

Codes are:
1 = Non-migrant and not homeless
2 = A homeless individual who lacks a fixed, nighttime residence, e.g., is sleeping on the street, in a car, etc.
3 = A homeless individual whose primary nighttime residence is a shelter.
4 = A homeless individual whose primary nighttime residence is a temporary facility designed for individuals who should be institutionalized.
5 = A homeless individual whose primary nighttime residence is temporarily in someone else's home.
6 = A homeless individual whose primary nighttime residence is a public or private place not designed as a regular sleeping place (i.e., church, etc.).

**Educational Level:** Indicates the highest-grade level competed by each household member. Use "0" to indicate none.

Codes are:
| | |
|---|---|
| 1 through 8 = | grade school / middle school |
| 9 through 12 = | high school |
| 13 through 16 = | undergraduate or technical school |
| 17 through 20 = | graduate school |

**Pregnant (Y/N) # fetuses:** Enter Yes (Y) or No (N) when appropriate for each female household member. Some resources will include the unborn fetus in the determination of household size. If it is known that this will be a multiple birth, provide the number of fetuses in this section.

**US Citizen:** Enter Yes (Y) or No (N) if household member is a US citizen if applying for MC+ for the listed person. If not, provide documentation on how they are in the country. Use the comment section to record this information.

**PCP (Y/N):** Enter Yes (Y) or No (N) whether each person has a primary care physician or PCP.

**SSN#:** Social Security Number: Enter the child's 9 digit social security number. All children must have a SSN over the age of one (1) month. MC+ requires that each applicant must have applied for or received a SSN. Provide the SSN for each individual for whom an MC+ application is being made.

**DCN#:** This is the Missouri MC+ recipient identification number

**Check if applying for MC+:** This application can be used to enroll several family members within the MC+ program.

INSTRUCTIONS: Combined Enrollment Application and Social History Interview

Total Household:  Total the number of individuals reported above and who reside in this home.

Adjusted Household:  Will be completed by other state resources if referral is made (e.g., WIC).  DO NOT COMPLETE.

Total Applying for MC+:  Enter the total number of household members who are applying for MC+.

<u>Section D.  Income Verification</u>

Total Household Gross MONTHLY Income:  Record per family's report.  Not required for application to First Steps.  If a family does not want to Provide this information enter $99.99 for data entry purposes only.

Is Someone in the Household Employed:  Mark "yes" or "no" depending on response.    If yes indicate name of person employed.

Proof of Income Verification:  The family should provide some written documentation that verifies the income information provided in the earlier section.  The Intake/Service Coordinator should visually review this, record the type of verification provided by circling appropriately, and sign in the space provided.

If no income, ask the child's parent/guardian how the child is supported.

The purpose of asking if this income is the same as the last three months is to identify those families with seasonal income, which may mean eligibility variations over time.

A series of questions follow that identify extraordinary situations that affect a family's income, or ability to work.  These questions help to identify additional resources that may benefit a family, as well as help to establish particular exemptions or special considerations related to income eligibility for various resources and supports that the child/family may be eligible for.

Child Care:  Missouri has resources to assist families in locating and paying for child care in order to be employed.  This question helps to identify the potential for referral for these supports.

Is the child:  Check appropriately (Yes/No) if the child is Blind/Disabled, and if they are currently receiving Supplemental Security Income (SSI) due to a verified disability.

Family Care:  Families may be helping to support or care for another family member who is not able to care for themself.  This would include the care (in home or out of the home) provided for a parent/grandparent, sibling, etc.

Support Payments:  Consideration is often extended to income determination when child support payments are being made by one or both parents.

Extraordinary Expenses:      Check Yes/No if the family has extraordinary expenses based upon the special health or developmental needs of the child or other children in the family, or other family members.  This may include costs of specialized care, medications, education, transportation, utilities, etc.  Use the comment section to detail these expenses.

Section E.  Medical Insurance Summary

Information concerning the existing health insurance for the child should be summarized in this section.  The Intake/Service Coordinator should assist the family to review their insurance policy in responding to these questions about benefit coverage.  This helps the family to understand what their coverage actually provides related to their child's potential needs, and will assist in appropriate determination of the use of insurance for IFSP services.

E.1.  This is identification information for the child referred to First Steps.

E.2.  If the child is enrolled in MC+, provide application and coverage information in this section.

E.3.  If other insurance is available for the child, insert the name and information of the parent/family member who is the Policyholder.

E.4.  Insurance Company Information.  Insert contact information for this policy.

E.5.  Policy Number and group information is provided on the insurance card that the family will have.

E.6.  If this coverage is obtained through an employer, please list the name of the employer and contact information.

E.7.  Specific coverage information will be detailed in the policy, or can be obtained by calling the benefits coordinator at the employer or the Insurance company directly.

The individual who assisted the family to collect and record this information should sign their name and indicate their affiliation by checking the appropriate box.

**Families should be given a copy of this completed form for their records.  This form should be routinely reviewed, at least annually, for changes that may prompt additional referral options based upon the changing situations that the family has encountered.**

## SOCIAL HISTORY INTERVIEW:

The name and date of birth of the child should be entered on each individual page of this interview form.

### Section A.

Date of Interview:          Enter the date the Social History Interview was completed.

Interviewer:                Indicate the person who asked the questions and completed the interview for the social history.

Information Provided by:     Indicate who, by name and relationship to the child, provided the information for the social history interview.

### Section B.  Reason For Referral

This section is intended to learn from the family what their perception of the child's needs are, and why a referral was appropriate.  This information may be different from information provided by the referral source, if different from the family.  A short statement of the medical concerns for application to the BSHCN program is <u>necessary</u>.  If there is a medical diagnosis, document this information in the section provided.  You may attach documentation of this diagnosis if available.

### Section C.  Screening/Assessment/Testing Service History

This section is applicable for participants who indicate that assessments and/or screenings have been completed.  It is important to record the results to provide follow-up by the First Steps Service Coordinator when the child is enrolled in various programs.  This section is intended to collect information to assist in eligibility determination and to avoid duplication.

### Section D.  Health Care Received in the Past 12 Months

This page should be copied as many times as needed to record the various sources of health and medical care that the child has received in the past 12 months.  The Intake/Service Coordinator will be better able to identify individuals who can provide additional information related to eligibility, thus avoiding duplication for the family.  The Intake/Service Coordinator should also identify with the family those individuals who should be involved in the child's eligibility determination and service planning should the child be eligible.  This section is intended to record routine medical care as well as specialty care.  Include the name and contact information for each provider, the reason that the provider saw the child and circle the type of provider that this is.

### Section E.  What is Happening Now for Your Child?

E.1 and 2 indicate the equipment, supplies, medications, and/or special diet that may be utilized by the child.

E.3 is used to identify the current medications that the child is taking, the method of administration, and the purpose.

E.4 is used to identify when the child is on a special diet, including when special formula or foods are required and how these are paid for.

Section F.  Developmental Milestones
These subsections are necessary for application to the First Steps program.  Many times the developmental milestones are important for children applying to the DHSS/BSHCN and Maternal Child Health (MCH) programs.  If the developmental milestones have been achieved, check accordingly in the box provided in front of the specific skill area.  Use the "comment" section to note any accommodations or considerations to the specific skills.  Ask the family if this is a particular area of concern for them, and if so, record their comments in the section provided.

Section G.  Pregnancy, Birth and General Health History
These subsections are necessary for application to First Steps.  All the other programs may or may not have a need to complete this section.  If the pregnancy and birth history has an impact on the services being provided for the participant or family, it would be a required section to complete.  Fill in data and check the yes/no responses to the questions of each subsection.  Provide any additional information shared during the interview at the end of this section.

Section H.  Family information needs
This section provides a recording place for general comments, questions or follow-up information that is generated during the family interview and not recorded elsewhere.